PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10809472

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OR	OTHER THAN	
TOTAL CLAIMS			21					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BAȘIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=		٠ ي			X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS			2 mir	ıus 3 =	* %			X42=		OR	X84=`	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2		TOTAL		OR	TOTAL	876
5-50 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						<u> </u>	SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.35	Minus	* 0	17	= 8		X\$ 9=		OR	X\$±\$_©	400
AME	Independent	• 2	Minus	***	3	= ()		X42=	·	OR	X84=	•
	FIRST PRESE	NTATION OF MI	JUTIPLE DEP	ENDEN	CLAIM]	+140=		OR	+280=	
•							I	TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE	400
(Column 1) (Column 2) (Column 3)								MUDII. ; =			Apon. 1 ac.	
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	┨┃	X\$ 9≒		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***		<u> -</u>	┨╏	X42=		OR	X84=	
_	PINST PRESE	NIATION OF WI	JEHPLE GEF	ENDEN	CLAIM		ا ر	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									•	• •		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON I	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	:	<u> -</u>] [X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	+140=		OR	+280=	-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									00	TOTAL ADDIT. FEE		
		mber Previously Pa liber Previously Pa					er fou	ind in the app	ropriate box	c in co	lumn 1.	